

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to EMMANUEL HOME LEGAL ENTITY

To operate EMMANUEL HOME NAME OF FACILITY OR AGENCY

Located at 800 PRIESTLY AVENUE, NORTHUMBERLAND, PA 17857 (COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

To provide Personal Care Homes TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 38 (MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes (MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from May 9, 2011 until May 9, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 200530

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAY 12 2011

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. Peter Puchuski, Secretary
Emmanuel Home
800 Priestly Avenue
Northumberland, Pennsylvania 17857

Dear Mr. Puchuski:

As a result of the Department of Public Welfare's licensing inspection on April 14, 2011, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to be 'R. Melusky', with a long horizontal line extending to the right.

Ronald Melusky
Acting Director

Enclosure
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

Page 1 of 1

NAME AND ADDRESS OF PERSONAL CARE HOME EMMANUEL HOME, 800 PRIESTLY AVENUE NORTHUMBERLAND, PA 17857		CURRENT LICENSE NUMBER 200530	
INSPECTION DATES (include all dates of the inspection) 04/14/2011		REGIONAL REPRESENTATIVE Jason Harvey, Ryan Novak	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Robert J. Welch</i>	DATE 4-27-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen C. Valasek</i>	DATE 5-3-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
186c Changes in a medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.	Resident #1's medication administration record reads take 1 tablet of Furosemide 80mg. by mouth once daily, but the medication bottle reads take 1 tablet of Furosemide 80mg. by mouth twice daily.	4-27-2011	SEE ATTACHED	Dev 5-3-11

Robert J. Velt 4-27-11

State Inspection April 14, 2011
Plan of Correction

Violation of Regulation 55 Pa.Code 2600:186c -- Resident #1's medication administration record reads take 1 tablet of Furosemide 80mg by mouth once daily, but the medication bottle reads take 1 tablet of Furosemide 80mg by mouth twice daily

Medication label of a Mail-in Pharmacy is not in agreement with current doctor's order.

1. Specific change that will be made. Emmanuel Home will verify each medication label to agree with the Physician's Orders. Verification includes Person, Medication, Dose, Time, and Route. This is our protocol. If we find a label that is in disagreement with the Physician's order due to change resulting from a current Physician order we will take the medication to our Pharmacy that prepared the medication and have the label changed to agree with current orders. If the medication was filled by a Mail-in Pharmacy that will not give us a new label then we will administer the medication change as ordered by the doctor. The next refill of the medication will be requested by a new doctor's script showing the change to insure the label is in agreement with the most recent doctor order.

2. Who will make the change. Checking Pharmacy labels and reordering of medication is accomplished by the Resident Care Manager and two staff members who assist.

3. When the change will be made. The change will be made immediately and cooperation with mail-in pharmacies is on-going. Mail-in pharmacies are reluctant to issue new pharmacy labels, however the next script requested will reflect the current doctor's order.

4. System we have implemented to make sure that the same violation will not occur again. Mail-in pharmacies will be contacted with a new script that reflects the current doctor's orders. There appears to be no problem with our current local pharmacy to comply with this regulation.

5. What training will be provided to the Emmanuel Home staff. We will check all labels of Mail-in Pharmacies to comply with current doctor's orders. Staff has been made aware of the need for medication labels to reflect current doctor's orders. This requirement is stated in our Medication Policy. Changes to medications are on-going and there is no issue with our local pharmacy to update medication labels.

6. Supporting documentation. The regulation cited has been included in our Medication Policy. (See attached -- Emmanuel Home Medication Policy & Procedures dtd March 22, 2011 item 8 on page 6)

7. Signature of Administrator on the top of this page.

DCV
5-3-11

Ralt J. V. M 4-27-11

resident has ingested his/her medications. Visualize the resident taking the medication before leaving the room.

6. Vacations or time away from the home

It is not permissible for staff persons to remove medications from an original container and place them into another container for purposes of a day activity or a vacation. Only a resident who is self-administering or a pharmacist may do this. Based on the needs of the resident options to consider for vacations or time away from the home include:

- the use of individually labeled unit dose packs (with complete pharmacy labels by the pharmacist on each dose),
- asking the pharmacist to prepare two properly labeled containers or
- the resident may take the entire prescription with him/her.

7. Ordering Medications

Medications will be ordered from a pharmacy of Emmanuel Home's/resident's choice. Orders for refills will be obtained directly by the pharmacy. We will note all Doctor's orders on the Physician's Order Sheet kept in the resident's chart for reference. Written prescriptions from the Doctor will be given to the pharmacy where they will be kept on file. Copy of the written prescription (when available) will be kept in the resident record. Oral medication orders will be phoned directly to the pharmacy by the Doctor.

Resident's are given the option to use a pharmacy of their choice and not the pharmacy selected for them by Emmanuel Home.

8. Pharmacy Use.

* The pharmacy will deliver the supply of individualized bubble packs or Over-the-Counter medications when ordered. All pharmacy labels will reflect current doctor's orders including mail-in pharmacy labels. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name
2. The name of the medication
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the pre-scriber

The label may not be altered.

EH Policy: If you notice that the medication you are about to administer has a different name or the pill is different in color, size or shape: **STOP, DO NOT ADMINISTER THE MEDICATION, CALL THE PHARMACY FOR CLARIFICATION.** There may be an error by the pharmacist in filling the prescription.

Oral or verbal orders by a pre-scriber may only be received by a registered nurse (RN) or licensed practical nurse (LPN). An RN or LPN may take an oral order from a pre-scriber if the following conditions are met:

- The change is immediately documented by the RN/LPN in the medication record.

6

ATTACHMENT: Page 6 of
EMMANUEL HOME'S MED PYP